

## INSPECTION/DUPPLICATION OF RECORDS REQUEST

**Requestor Instructions:** To make a request for copies of public records fill in sections 1-4. Do not sign and date the signature line until the records are received.

**Custodian Instructions:** For requests to inspect, the **records custodian** is to fill in sections 1-5 and 8. For requests for copies, the records custodian is to fill in sections 5-8. Do not sign and date the signature line until the records are delivered to the requestor.

**Note:** Section 1 of Public Chapter 1179, Acts of 2008, amends Tenn. Code Ann. § 10-7-503(a) adding (7)(A) to provide that unless the law specifically requires such, a request to inspect is not required to be writing nor can a fee be assessed for inspection of records.

(FRONT)

1. Name of requestor: \_\_\_\_\_  
(Print or Type; Initials required for copy requests)
2. Form of identification provided:  
☐ Photo ID issued by governmental entity including requestor's address  
☐ Other: \_\_\_\_\_
3. Requestor's address and contact information: \_\_\_\_\_  
\_\_\_\_\_
4. Record(s) requested to be inspected/copied:
  - a. Previously inspected on \_\_\_\_\_ (date); ☐ Inspection waived
  - b. Type of record: ☐ Minutes ☐ Annual Report ☐ Annual Financial Statements  
☐ Budget ☐ Employee file ☐ Other
  - c. Detailed Description of the record(s) including relevant date(s) and subject matter:  
\_\_\_\_\_  
\_\_\_\_\_
5. Request submitted to: \_\_\_\_\_  
(Name of Governmental Entity, Office or Agency)
  - a. Employee receiving request: \_\_\_\_\_  
(Print or Type and Initial)
  - b. Date and time request received: \_\_\_\_\_
  - c. Response: ☐ Same day ☐ Other \_\_\_\_\_
6. Costs
  - a. Number of pages to be copied: \_\_\_\_\_ ☐ Estimated
  - b. Cost per page: \_\_\_\_\_
  - c. Estimate of labor costs to produce the copy (for time exceeding 5 hours): \_\_\_\_\_  
☐ Labor at \$ \_\_\_\_\_ /hour for \_\_\_\_\_ hour(s).  
☐ Labor at \$ \_\_\_\_\_ /hour for \_\_\_\_\_ hour(s).  
☐ Labor at \$ \_\_\_\_\_ /hour for \_\_\_\_\_ hour(s).
  - d. Programming cost to extract information requested: \_\_\_\_\_
  - e. Method of delivery and cost: \_\_\_\_\_ ☐ Estimated  
☐ On-site pick-up ☐ U.S. Postal Service ☐ Other: \_\_\_\_\_
  - f. Estimate of total cost to produce request: \_\_\_\_\_
  - g. Estimate of total cost provided to requestor: ☐ in person ☐ by U.S.P.S. ☐ by phone  
Other: \_\_\_\_\_

(BACK)

7. Form, Amount, Date of Payment:

- a. Form of payment: ☐ Cash ☐ Check ☐ Other \_\_\_\_\_  
b. Amount of payment: \_\_\_\_\_  
c. Date of payment: \_\_\_\_\_

8. Date of Delivery: \_\_\_\_\_

\_\_\_\_\_  
Signature of Records Custodian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date